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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH OFOIO

		05614
		PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Regidence before admission)
	-	o. COUNTY Charles o. STATE Mary Cando. COUNTY Charles
	-	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	-	write RUBAL and give nearestytown)
	7	Lydian Head Indian Head
6	(d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS ON A FARM?
113		#39 (Lymont Road YES PRO)
		NAME OF First , Middle Lost L. DATE Month Day Year
		OF PRINCIPLE C. Andries OF DEATH April 25 1966
-	5.	
		(lest birtiday) Months Days Hours Min.
		Caucas i alywidowed Divorced 1/1/aych 23/924 42ym.
	IDe.	. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 SERTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	1	House with sect Pitts burgh Pa 1115A.
	13.	FATHER'S NAME
		unknown unknown
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17., INFORMANT Address # 36 6. (4 202)
		is, no frankown) (Ifyesgive werordelesofservice)
		110 hean and Andrien Indian Head Ald.
		18. CAUSE OF DEATH [Enter only one cousa per line for (a), (b), and (c) ONSET AND DEATH,
		PART I. DEATH WAS CAUSED BY: (Francas Cancer, Metas tatic ling. 1965
		DUE TO
		Conditions, if eny, which (b)
		(a), steting the underlying DUE TO
		cause lest. (c)
0	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
9	Ę.	YES NO
	CERTIFICATION	2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.)
	CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
		20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, '2Df. (City or lown) (County) (State)
	MEDICAL	Hour a.m. While Not While factory, street, office bldg., etc.)
	ME	p.m. 19 ef work af work
		21. I certify that (1) (this hospital) attended the deceased from the gust, 19.65 to At Drill, 19.65 that (1) (we) last
		saw the deceased alive on APXIL 2219.66, and that death occurred at
	·	22e. SIGNATURE 22b. DATE
		TIEM A Dusan For 2 - M.D. PHYS. ATTENDING PHYS. 4-25-66
		22c, PHYSICIAN'S 22d. ADDRESS
		NAME (Type) E A C MA T 1:
		Frank A. Jusan "IV. I + naian Head, I'd.
	230.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State)
		Burial 4-26-66 St. Charles Indian Head, Ill.
1	24	FUNERAL DIRECTOR'S, SIGNATURE ADDRESS, ADDRESS, 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
ė	3	Le Hunt Thinard Home, Walderf, nel Alik 27 1966 Charles Judge

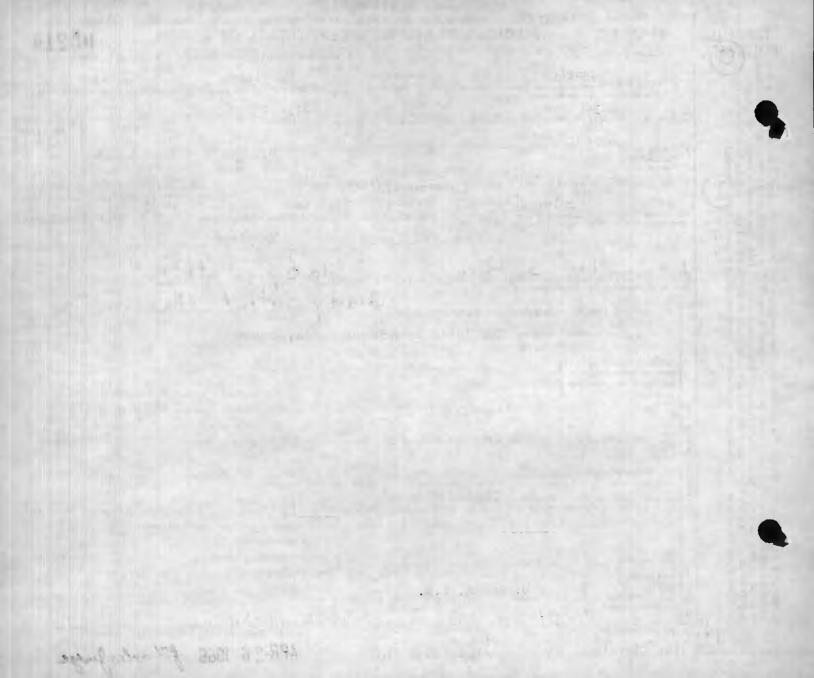
1 7 # 14 Clyment dans Andrew April as in Cres of tracks C The Comment 11 1555 4 27 1929 AS the telestraph the (I) Thus with Soft the state of the state of Lecused Andrew Indian March Meridia Comety West astalia The state of the s STATE TO SEE STATE OF THE SEC STATE OF T Frank A Susan MD Indian Hadd Mil Bassar 4-26-65 St. Charles Indian Herd Al Dr. Sile Strangt Francis Wome 3 for the years 2 1 1868 PT 1868 Potante Judge.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) PLACE OF DEATH COUNTY Pages 1 b. COUNTY after Charles harles Mary MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours 18-HOurs Indian Head Md = LaPlata papers. in 72 hc d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within -Indian Head Physicians Memorial LaPlata NO X within e × carbon NAME OF First Middle Month Last DATE Day Year ett (Type or print) Caleb Maltby DF Bryant event, 66 0.00 DEATH 19 death certificate be executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS hove 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) W-IIS Months Days Hours 0 Male 9 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) opellant COUNTRY? Pro harlestown W. Va. physical n pleas val, and Worker etired Govt Worker transit permit. Then p. 13. FATHER'S NAME MOTHER'S MAIDEN NAME removal George Wilson Bryant Laura Stroh 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no. or unkown) (If yes give war or dates of service) Bryant-21-Indian Head e-Mrs I Indian Rose 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the ONSET AND DEATH l-transi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 20-Yrs attending physician. Hypertension signed I urial-tra been signed the burial-tr or to burial, DUE TO 3-Yrs Conditions, If any, which Chronis Coronary Heart Disease gave rise to immediate DUE TO (a), stating as th (c) Arterio Sclerosis Indefinite underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY or use Health PERFORMED? certificate CERTIFICATI YES NO T PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this cerum detached for DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part |) of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) be de State Hour a.m. While Not While After ATTENDING at work at work the 21. I certify that (I) (this hospital) attended the deceased from to 4-2-66 . 19 DIRECTOR: age 3 should lied with the and that death occurred at -5 AM, from the causes and on the date stated above. saw the deceased alive on. SKONATURE 22b. DATE SIGNED 228. pe MED. DIRECTOR STAFF 4-2-66 M.D. PHYS. HOSPITAL FUNERAL ADD/ES director, p 22d. James E. Andrews NAME (Type) Head Md ndian BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) Burial (Specify) 2 Andrew Chapel 4-5-66 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** Arehart Funeral Home, Inc., La Plata, Md. VR A15 (4) DATER DD 20M 1/65

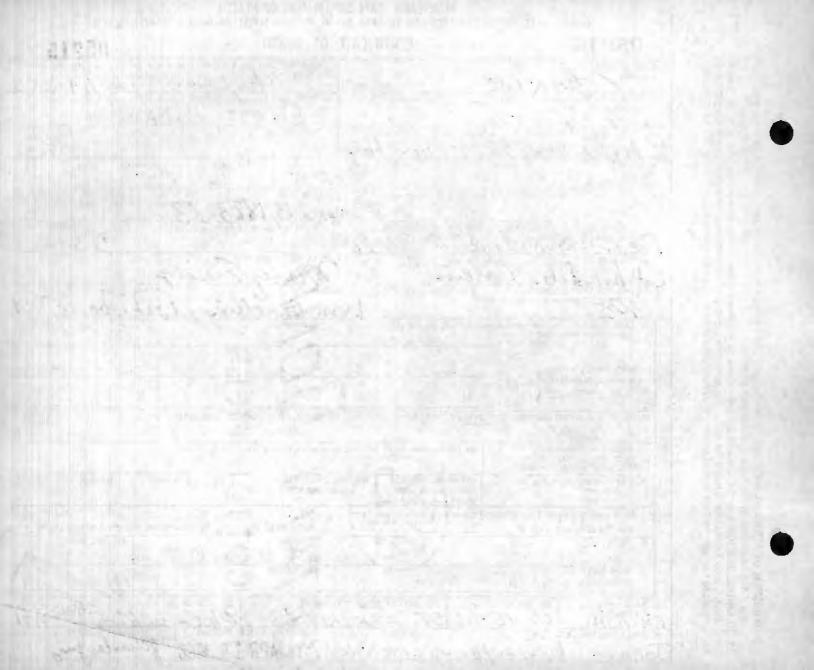
MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S FOR STA CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Charles MARYLAND Maryland Charles b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give necrest town Brwantown Bryantown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? the funeral retained he State 8 Bryantown YES NO NAME OF First Middle 4. DATE Last Month Dev Year DECEASED OF the (Type or print) DEATH Louis McDaniel Butler 17 19 66 and 3 to 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 2 wit lest birthday) Months 2 Hours Min. WIDOWED DIVORCED colored 2/16/66 male 1, 2, a ge 5 and 72 h 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired Pages Maryland pages within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give wer or detes of service ¥!× EXAMINER: This certificate should be executed in pencil in Item 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN Office along a burial-transit r ONSET AND DEATH PART I, DEATH WAS CAUSED BY: pue Confluent bronchopneumonia, right IMMEDIATE CAUSE (a) s a burial-i DUE TO Conditions, if eny, which (b) "pending" geva risa lo immadiele ceuse Examiner's DUE TO 20 (e), stelling the underlying 20 used a PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19, WAS AUTORSY CERTIFICATION PERFORMED? å cremai icate, writing the word NO F plnous 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. to the Ch. Chief 3 age 3 WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) factory, street, office bidg., etc.) Hour a.m. While Not While al work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry Inspection and in my opinion please execute the first 4 should be forwarded to TO FUNERAL DIRECTO or its designated agent, p death resulted from: Natural causes x Acciden Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER T DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER 4/18/66 EXAMINER'S NAME (Type) Werner U. Spitz, Address (Street, city, town, or county) M.D. Add 22a. BURIAL, CREMATION, 22d, LOCATION (City, lown, or country) (State) REMOVAL (Specify) FUNERAL DIRECTOR REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME SM 9/60



18		16	N	Division of STATISTICAL R	MARYLAND STATE DEP ESEARCH AND RECORDS, 301			21201
X		. (IA	기	05216	CERTIFICATE		,	05915
	death	and 2		PLACE OF DEATH PARTY PAR	AAADWAAAD	2. USUAL RESIDENCE Where a. STATE	deceased lived, if institution: Re	
	s offer	s. Pages 1 hours after		b. CITY OR TOWN (If outside corporate limits, with RURAL and give negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAL on	d give neorest town)
0	1 hour	papers. Phin 72 hour	+	NAMP OF HOSPITAL OR INSTITUTION (If not in hospi	ital, give street address)	d. STREET ADDRESS	IODAC	e. IS RESIDENCE ON A FARM?
	thin 2	filled in pap	2	NAME OF First	NO RIAL HOSP		DATE Month	VES NO Doy
	ted wi	impletely filled in ve carban papers event, within 72		Olum bus SEX 6. COLOR OR RACE 7. MARK		DATE OF BIRTH		NDER 1 YEAR 1F UNDER 24 HRS.
	охесп	nd can emave	1	Male Negro. WIDON		ARCH 13, 188	3 har hinday) Mor	oths Doys Hours Min. 12. CITIZEN OF WHAT
	ate be	ician and college rema	1	uring most of working file, even if retired) Empl	INDUSTRY NPP		o, di loraign tability)	COUNTRY2. A
	certific	ending phys nit. Then p or remaval,		John Seles Col	Pins "	Mary E	mily	
	death	the attending physician and campletely filled in by the funeral sit permit. Then please remave carban papers. Pages 1 and nation, or remaval, and many event, within 72 hours after deat		(1) WAS DECEASED EVER IN U.S. ARMED FORCES? res, na, ar unknown) (1) yes give war ar dates at service)	16. SOCIAL SECURITY NO. 17. IN	m. G. Calle	is, Port 1	bacco, md
	at the			18. CAUSE OF DEATH (Enter only one cause per lin PART I, DEATH WAS CAUSED 8 Y: IMMEDIATE CAUSE (o)	e for (a), (b), and (c).)	Manse.		INTERVAL BETWEEN ONSET AND DEATH
	res th	signed by the buriol-transit buriol, cremat		Canditions, if any, which gave) (b)	Servite Carden	Amoenlan -	simil deal	ase 2 mins
	v requ	to bur		rise to immediate couse (a), stating the underlying couse lost.	,	1.447		
	The law requires that the death certificate be executed within 24 hours after death attending physician.	has be se as t th priar		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CONDITIO	N GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Pane 4 may be retained by the haspital or attending physician.	DEPOY OF STATE OF ST	Ö	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRED. (E	inter noture of injury in Part I	or Port II of item 1B.)	YES NO Z
	S PHYS	this ce detache e Dept.		20c. TIME OF INJURY Month, Day, Yeor Aur o.m.		OF INJURY (Hame, form, ry, street, office bldg., etc.)	20f. (City or town)	(Caunty) (State)
	NIQN:	t: Affer Id be he Stat		21. I certify that (1) (this haspital), a	ttended the deceased fram	death accurred at 80%	A to 12 Ant,	1966, that (I) (we) last on the date stoted abave.
	R ATTE	SECTOR 3 shou with t		220. SIGNATURE	MrD M.D.	ATTENDING MED.	STAFF - 27	2b. DATE SIGNED
	ITAL 0	o FUNERAL DIRECTOR: After director, page 3 should be shauld be filed with the State	1	22. PHYSICIAN'S NAME (Type) ARTHUR O.	WOODDY. M.T.	JARWOOD	CLINIC, LA	PLATA, MD.
	HOSP	FUNE Frector Frector	1	30 BURIAL CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY 2	3d. LOCATION (City or Town)	(County) ARL (Segre)
	0 4	VR A15 (4)	P	24. FUNERAL DIRECTOR CONTRACTOR	ADDRESS	A A ABB 4	- AMI	AR'S SIGNATURE
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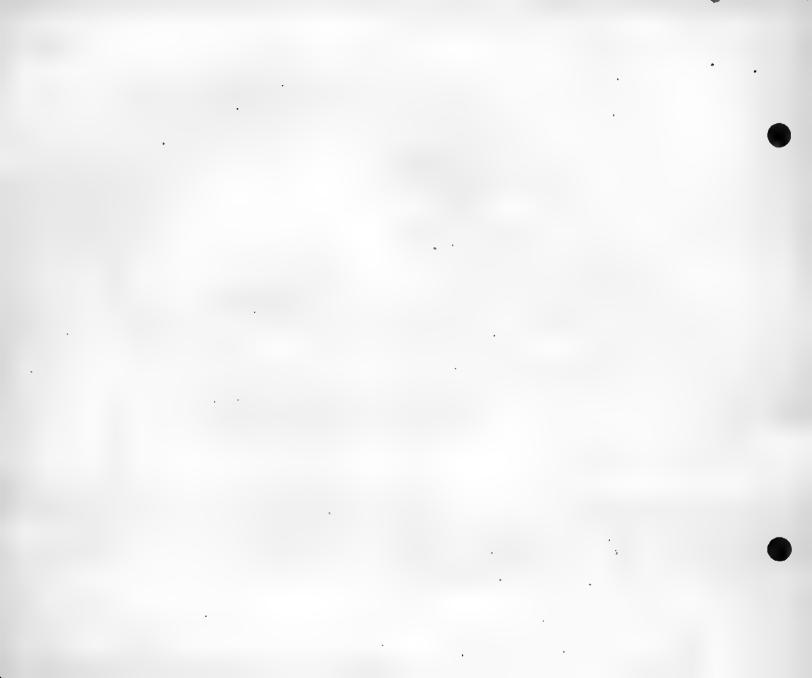
CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give negrest town) NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) a. IS RESIDENCE ON A FARM? YES NO papers. NAME OF 4. DATE Month Day Year DECEASED OF dr (Type or print) 000 SEX GE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. RACE 7. MARRIED NEVER MARRIED and st birthday) Months Deva WIDOWED ! physician 10a. USUAL OCCUPATION (Give Vnd of work done during most of working life, even if refired) 12. CITIZEN OF WHAT COUNTRY? WAS DECEASED EVERAN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. I (Yes, no, or unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gave rise to Immadiate cause DUE TO (a), stating the undarlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? NO L 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of Item 18.) OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stete) Month, Dev. Yeer [County] Not While fectory, street, office bldg., etc.) While Hour a.m. et work et work р.т. 21. I certify that (I) (this hospital) attended the deceased from ... T. 1995, that (I) (we) last saw the deceased alive on...... 22b. DATE 22m. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S ADDRESS NAME (Type) director, be filled 23c. NAME OF CEMETERY OR CREMATORY 23d. EDCATION (City, fown or county) (State) DATE THEREOF 23a. BURIAL, CREMATION, 1 23b. 5 256. REGISTRAR'S SIGNATURE REGISTRAR VR A15 (4) 15M 7-62

DIVISION OF STATISTICAL RESEARCH AND RECORDS

RESTON STREET. BALTIMORE 1, MARYLAND

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16	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, N	IADVI AND
ية تهمر	AI	05218 CERTIFICATE OF DEATH	05217
deat	er deal	1. PLACE OF OEATH a. COUNTY Charles 2. USUAL RESIDENCE (Where deceased lived, if institution: R b. COUNTY Maryland Maryland Maryland Oharles	
at the death certificate be executed within 24 hours after ian. d by the attending physician and completely filled in by the transit permit. Then please remove carbon, papers. Pages 1	ours aft	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Indian head Md	
fille sape	n 72 nin	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 38 - Mattingly Ave.	e. IS RESIDENCE ON A FARM? YES NO 2
d withir mpletely carbon	ent, with	3. NAME OF DECEASEO (Type or print) Mary Ellen Gardiner Last 4. DATE OF DEATH 4-7-66	Day Year 19
executed and con	ě e	5. SEX Female W-US NEVER MARRIED NEVER MARRIED 11-14-1883 19. AGE (In years	Days Hours Min.
te be e ysician		Housewife Domestic Cederwood Georges County Cederwood	ITIZEN OF WHAT OUNTRY? QUSA
certifica ding ph Then	remova	13. FATHER'S NAME Thomas Baden 14. MOTHER'S MAIDEN NAME Charlotte Kirby	
death (e atten permit.	ion, or	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, me, or unknown) (Hyes give war or dates of service) Marie McWilliams 14-Indian Daughter Indian Head Md	
w requires the ending physical been signed as the burial-in-	rior to burial,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Oronary Occlusion ### ### ### ### ### #### ###########	Interval Between Jonser and Death Immediate Indefini Indefinit
IVSICIAN: The la e hospital or att his certificate ha tached for use a	of Realth	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	19. WAS AUTOPSY PERFORMED? YES NO R
	e e	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Coursell Hour a.m. while at work at work at work	enty) (State)
L OR ATTEND 39 be retained DIRECTOR: J	filed with the	saw the deceased alive on 19, and that death occurred at 7-PM, from the causes and on the	that (I) the last he date stated above are signed
VR AI5 (4)	3	23a. COURIAL GREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of cold Removal (Specify) 4-11-66 St. Peters WALDORF, M. ADDRESS DORF, M. D. 25a. REC'D BY REGISTRAR 25b. REGISTR	nD
20M 1/65	alle	APR 1 3 1966 / 100 PC	1



1.		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
100 =	1	05218 CERTIFICATE OF DEATH 05218
affe		PLACE OF DEATH 2. USUAL RESIDENCE (Where decased leved, if institution: Residence before admission) a. COUNTY b. COUNTY
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exe company frin		(Type or print) 5. SEX DEATH April 25 19 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (10 years If UNDER 1 YEAR) IF UNDER 24 HRS. [ast birthday) [ast birthday)
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icate ove		Hemale Uaile WIDOWED DIVORCED Dec. 0. 1877 88 yes. 10a. USUAL OCCUPATION (Give kind of work done) during most of working life, avan if ratified 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
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endiin		Peter Dowell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
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A could blub		saw the deceased alive on
O LINE		22a SIGNATURE ATTENDING MED. STAFF SIGNED, PHYS. DIRECTOR PHYS.
TAN RAI Sage		22c. PHYSIC AN'S 22d. ADDRESS
HOSPI ath. Pa PUNE! ector, p	- 1	Peter buus, M.D. O124 Central Ave., Cap. Hts., Md.
death O PT direct be file		238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State)
VR A15 (4)	0	Burial 4-28-66 Nanjemoy Baptist Nanjemoy, Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
15M 7,61	de	Archart Funeral Home Inc., La Plata, Md. MAY 2 1966 Illianles Judge
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution; Residence before admission **II. COUNTY** by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pages La Plata IS RESIDENCE INSTITUTION lif not in hospital, give streat address! d. STREET ADDRESS ON A FARM? Kent Ave. YES NO TU paper n 72 ł 3. NAME OF Middle 4. DATE Month DECEASED OF (Typa or print) 1/146 DEATH carbon AGE (In yabrs | IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED [DIYORCED IOa. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Entar only one cause per PART ! DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave risa to immadiate causa DUE TO (a), stating the undarlying CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO I 208 ACCIDENT WAS UNDERLYING OR CONTR BUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of misry in Part I or Part II of Itam 18.) 20s, PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or lown) (County) factory, streat, office bldg., etc.) Hour a.m. While Not While at work at work, 19 6 that (I) (we) last saw the deceased alive on...... 22a. SIGNATURE STAFF ATTENDING FUNERAL PHYS. DIRECTOR PHY5. 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Dentsville M.E. Cemetery. Dentsville.Md. ADDRESS 25e, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Funeral Home, Inc., La Plata, Md. VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 05221 HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY o. STATE b. COUNTY Page Charles death. Maryland Charles MARYLAND delay 1 b CITY OR TOWN (If outside corporate limits, ELENGTH OF STAY IN 16 E CITY OR TOWN (If offside corporate I mits, write RURAL and give negrest town) write RURAL and a ve negrest town Indian Head Indian Head d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) A STREET ADDRESS I e IS RESIDENCE ON A FARM? hours alang with form Item 18. Give Pages ate YES | NO [after death 3 NAME OF First Middle 4 DATE Month Last Day Υеσг DECEASED MARY ÖF MONTGOMERY April 13 66 within (Type or pont) 19 DEATH S SEX 6 CO.OR OR RACE 7 MARRIED B. DATE OF BRITE AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED lost birthday) Dovs Female Negro DIVORCED hours W DOWED 1Do USUA, OCCUPAT ON (Give kind of work done 1Dh KIND OF BUSINESS OR 12 C TIZEN OF WHAT during most of working life even [settred] INDUSTRY COUNTRY 7 GNV 6661 Examiner pencil 13 FATHER S NAME 14 MOTHER'S MAIDEN WITHIN ⊆ File and 16 SOCIAL SECURITY NO. INFORMANT Address be executed pending'r ief Medical I remayal (Yes, no, or unknown) liff yes give war or dates at service CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN **burial-transit** PART I DEATH WAS CAUSED BY AMEDIATE CAUSE (a) Hypertensive and Arteriosclerotic Heart Disease ONSET AND DEATH or word This certificate shauld crematian, DUE TO Canditions, if any, which gave rise to immediate cause (o). DUE TO storing the underlying couse 100 burial, a PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES X NO 0 pe 20o EXTERNAL CAJSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Ifem 18.) agent, prior 3 should AL EXAMINER: CAUSE OF DEATH 20c TIME OF INJRY Month, Doy Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or town) (Caunty) factory, street, office bidg , etc.) FUNERAL DIRECTOR: Page Not While of work of work designated 21. I certify that I took charge of the remains described above, held an Autapsy [X]. Inspection Inquiry and in my apinion death resulted fram. Natural causes 🔀 Accident Suicide . Hamicide 🗌 Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 0 DEPUTY MEDICAL EXAMINER 4/14/66 **EXAMINER'S** 5 may 10 FUNE! Charles S. Petty, M.D. NAME (Type) Address (Street, city, town, or county) BURIAL CREMATION 23b DATE THEREOF NAME OF CEMETERY OR CREMATOR 23d. LOCATION (City of Town) (Stote) REMOVAL (Specify) 13KT12 2Sb REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/66



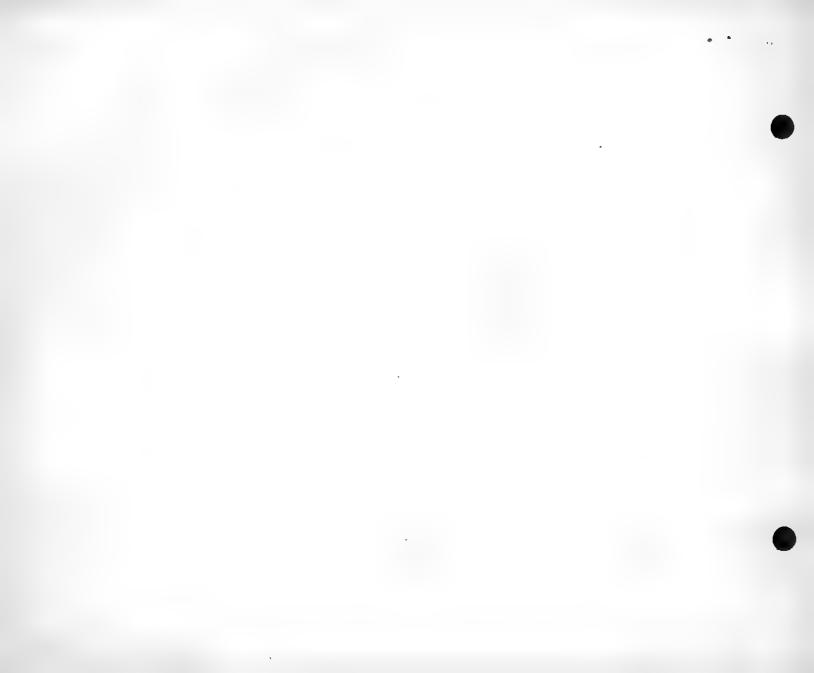
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05222 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) p. COUNTY b. COUNTY Page Charles O. death. MARYLAND Maryland Charles b CTY OR TOWN (If autside corparate limits, c City OR TOWN (If auts de carparate amits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 Nanjemoy after Nanjemov Lifetime d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e (S RESIDENCE hours form ON A FARM? 00 YES TXT Give Pages NO [24 hours ofter death along with 3 NAME OF Middle First Last 4 DATE 4-28-66 DECEASED 0F MURDOCK Hugh Bertram (Type or print) F-MC/0/OC/C 19 DEATH S SEX 6 COLOR OR RACE AGE (In years FUNDER 24 HRS. 7 MARRIED NEVER MARRIED DATE OF BIRTH 3-12-1902 AF UNDER 1 YEAR birthday) Months Male White-US 84 Davs Hours G1WODIW fem 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) USANTRY? Nanjemoy .Marvland .⊆ Examiner's Govt Worker Rt. any pages 3 FATHER'S NAME pencil 14 MOTHER'S MAIDEN NAME This certificate should be executed within .⊑ Janie Henderson Robert Murdock and 15 WAS DECEASED EVER N.U.S. ARMED FORCES?
(Yes. no, or Johna wn) (If yes give war ar dates of service) 16 SOCIAL SECURITY NO 17 INFORMANT rd "pending" in Chief Medicol I permit. Grace Murdock-Wife-Nanjemoy Md. removol 20-42-1199 None INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY 4 ONSET AND DEATH 6 Coronary Occlusion IMMEDIATE CAUSE (a) e, writing the word forworded to the Ch cremation, **DUE TO** Canditions, if any, which gave Coronary Heart Disease -Chronis Indefinite rise to immediate cause (a). DUE TO 0 stoting the underlying couse Marterio Sclerosis-General Indefinite nsed WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) CERTIF CATION YES 🗔 NO 10 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW IN JRY OCCURRED (Enter nature of mount in Port I or Port II of Item 18) 3 should PRIMARY I or CONTR BUTING I CAUSE OF DEATH 20c. TiME OF NoJRY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (County) (State) Hour o.m. factory, street, office bldg., etc.) moy be retained for your FUNERAL DIRECTOR: Page at wark at work 21. I certify that I took charge of the remains described above, held an Autopsy [7]. Inspection V Inquiry 173 and in my opinion deoth resulted from: Natural cause X (X X) Accident Suicide 🗌 Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ... 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral 5 moy be TO FUNERAL Health or DEPUTY MEDICAL EXAMINER XX 4-28-66 EXAMINER'S Indiane, Head or punMaryland NAME (Type) ames E. Andrews MD 236 DATE THEREOF 23a. BUR AL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) Burial (Specify) 4/30/1966 Nanjemoy Baptist Cemetery Nanjemoy ,Md. 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15ME (51% Arehart Funeral Home, Inc .- La Plata, Md. 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

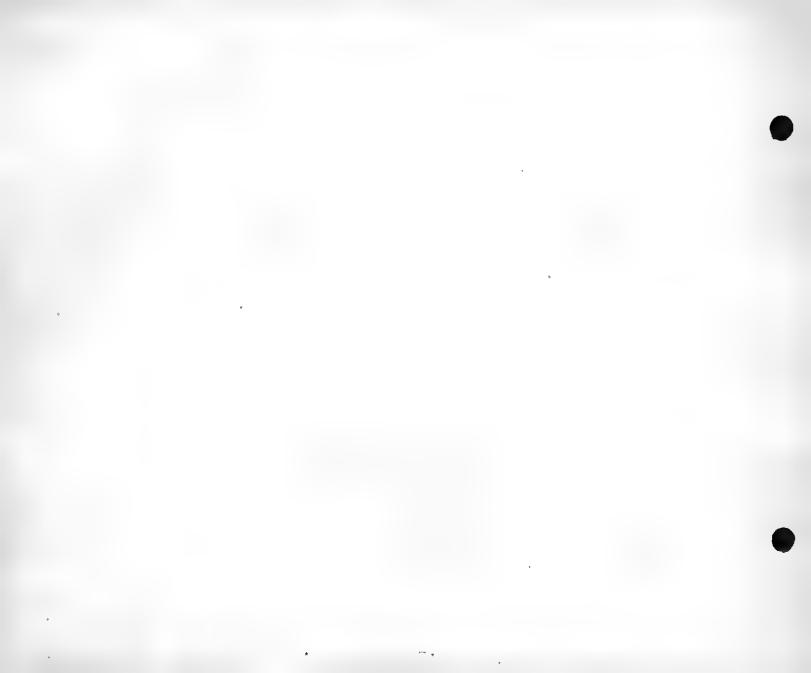


FOR STATE()	05223	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	05222
HEALTH DERL	PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased wed, i	finstitution Residence before odmission)
is to af fi.	a. COUNTY CHARLES	MARYLAND	II o. STATE	b. COUNTY Charles
	b CITY DR TOWN (If autside carparate limits	C LENGTH DE STAY IN 16	Maryland C CITY DR TDWN (.f guitside corporatem.ts,	unte 9 1941 and nive negant town)
ry dela 2, and P.M3. I artmer fter de	write RURAL and give rearest tawn)	t tellosii pi siar ik to		WHILE KOKAL BIO GIVE HEDIEST TOWN)
2, an PM3 PM3 after	WALDORF		Waldorf	
- E 0 2	d NAME OF HOSPITAL OR INSTITUTION (If not in	hasp ta, g ve street address)	d STREET ADDRESS	e IS RES DENCE ON A FARM?
fer death. If of Give Pages 1, and with farm the State De thin 72 haurs	TRAILER CAMP		Trailer Camp	YES NO
after death. 8 Give Pages along with it within 72 hat	3 NAME OF First	Middle	Last 4 DATE	Month Day Year
ve F y will the in 7	(Type or print) .TAME.S	Δ	PHTT.T.TPS DEATH	4 10 19 66
after a Grve		MARRIED NEVER MARRIED	B DATE OF BIRTH 9 AGE (In	years IF UNDER I YEAR F UNDER 24 HRS
		VIDDWED DIVORCED	JULY 18, 1939 26 1051 br	hday) Manths Days Hours M.n. yrs
24 hours in Item 1 's Office. ss lane? ny event	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT
s s	CARPENTER	CONSTRUCTION	WASHINGTON, D	C CDUNTRY?
thin 24 mal in miner's pages in any	13 FATHER'S NAME		14 MOTHER'S MA DEN NAME	
v th pen am am d ir	JAMES PHILL	10 5 SR	MOLLY SORE	=P
d wil Exar File and	1S WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT	Address
ute ical val,	(Yes, na, ar unknown) (If yes give war or dates af ser	213-34-7892 JA	AMES PHILLIPS SR. H	11. ==25 h
hould be executed within 2 ward 'pending' in pending the Chief Medical Examiner' rital-transit permit File pages trian, or remaval, and in an	1B. CAUSE OF DEATH (Enter only one couse p		AWER KHIEFIBS OK. W	JALDORF, MD.
Sit New Sit	PART I. DEATH WAS CAUSED BY.			NTERVAL BETWEEN ONSET AND DEATH
Chit	1/60 IMMEDIATE CAUSE (a)	Asphyxia		
should be e ne ward 'per ia the Chief I burial-transit matian, or re	C14			
sh a that	rise to immediate couse (a)	<u>Carbon monoxide po</u>	oisoning	
ate g th d t d t	stoting the underlying cause (XXXX			
rfice t ng irde al, a		3rd degree burns o		
This certificate should cate, writing the ward be farwarded to the Chibe used as a burial-train to burial, cremotion, the burial, cremotion, the burial cremotion.	PART II OTHER SIGNIFICANT CONDITIONS CONTE	PIBLING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(o) 19 WAS AUTOPSY PERFORMED?
his afte, ne fa	2Da EXTERNAL CAUSE WAS PRIMARY MO CONTR BUTING CAUSE OF DEATH			YES 🔀 NO 🗌
	2Da EXTERNAL CAUSE WAS PRIMARY Mary Contr Buting	206 DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part or Part II of item	Burned in trailer
INER: 1 e certific shauld b files 3 should nt, prior		home - Fire appar	ently started by ciga:	
INER: e certif shauld files 3 should int, pria	20c TIME OF NURY Month, Day, Year	2Dd N. JRY OCCURRED / 20e PLAG	CE DF NJURY (Hame, farm 20f (City of)	
EXAMINER: ute the cert age 4 shauld your files Page 3 should	20c TIME OF N.J.RY Manth, Day, Year 11:30 p.m 4- 9 1966	ot work at work Tra	ory, street, affice bldg etc.) iler Home Waldor:	
NECTAL EXA Personal Example of the second of	21. I certify that I taak charge af	the remains described above he		
AL Execution Part of Formula for note	death resulted from Natural co			Inquiry, and in my opinian
se se se red	Gedin resorted statil Malbrat Co	luses [], Accident [X], Suic		ned manner 🔲
MEDIC please directa retained DIRECT	ACTUAL ST.	0 80	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
JTY MEDIC, y, please e eral director be retained RAL DIRECT ar its design	SIGNATURE / CUSACO	1 00 rme	M_D ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	
no DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health ar its designated age	EXAMINER'S RUSSELL S. F]	ISHER. M.D.	Address (Street, city, town, or county)	4-11-66
Ed E E E	23a BURIAL, CREMATION 23b DATE THEREO		CREMATORY 23d LOCATION (C)	y or Town) (County) (Stote)
70 11 12 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	REMOVAL (Spec fy)	-66 TRINITY M.	Empoin Marin	OPE MA
0	24 FUNERAL DIRECTOR	ADDRESS	25g REC'D BY REGISTRAR	25b REGISTRAR S SIGNATURE
VR ATSME (SI)	The HUNTT FUNERAL	HOME, WALDORF		Milarley Judge
2W 1.00 (3)	THE THORETHE	JUNE JUNE OOK	7 1 DAILALU T 3 1300	1 0 0

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201



13	ı	MARYLAND STATE DEP Division of STATISTICAL RESEARCH AND RECORDS, 301		1
FOR STATE		05224 MEDICAL EXAMINER'S (CERTIFICATE OF DEATH	05223
y deloy is and 3 to PM3 Page ortment of ther death		PLACE OF DEATH o COUNTY Charles MARY_AND b CITY OR TOWN 61 outside corporate limits, c LENGTH OF STAY IN 1b write forms and five flearest town)	2 USUAL RESIDENCE (Where deceased lived, if institution Residence of STATE Maryland b. COUNTY Child County Child County Child County OR TOWN (If outside corporate limits, write RURAs and give in La Plata	before odmission)
E 2 g B B		d NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street oddress) Phys. Mem. Hosp.	d STREET ADDRESS	e S RESIDENCE ON A FARM? YES NO A
offer death If a Give Pages 1, olong with form with the State Der within 72 hours	3		PROCTOR 4 DATE Mepth of DEATH	2 gay Year 66
thin 24 hours ofter death. If a sentil in Hear 18. Give Pages 1, mine 20th e olong with form pages 1 and 2 with the State De in any event within 72 hours	100		li BIRTHP. ACE (State or fore on country)	YEAR IF UNDER 24 HRS DOYS HOURS MIN
d within 2 in pencil is Examine File pages	13	Clarence B. Proctor	14 MOTHER'S MAIDEN NAME Mary E. Swann	
be executed within "pending" in pencil in the Medical Examinel onsit permit. File page or removal, and in a	IS (Y	Tes (If reserve was or dotes of service) 219-12-3456 Mr	rs. Mary E. Proctor-Mother	-La Plata
MEDICAL EXAMINER: This certificate should be executed within please execute the certificate, writing the word "pending" in pencil is director. Page 4 should be forworded to the Chief Medical Examinerationed for your files. DIRECTOR: Page 3 should be used as a buriol-transit permit. File page 45 designated agent, prior to burial, crematian, or removal, and in an executive preserved.		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS (AUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if only, which gove rise to immediate couse (b), stoting the underlying couse (c) Output DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
This certificate, writue be forword to be used out to burial	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	RE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
INER: The certifical should be files. 3 should be ent, prior	AL CERTIFICATION	CAUSE OF DEATH Stabbed C	nter noture of nury in Port I or Port II of item 18) during argument	
EXAMINER: tute the certiage 4 should your files. Page 3 should ed ogent, pri	MEDICAL	1 How om 4/23/ 19 66 White Not While to forwark of work to	OF INJURY (Home, form, 20f (City or town) (Count apprised, office bidg, etc.) La Plata	Md
O DEPUTY MEDICAL EXAMINER: Theressary, please execute the certificathe funerol director. Page 4 should be 5 may be retained for your files. S TO FUNERAL DIRECTOR: Page 3 should be the olf hor its designoted ogent, prior		21 certify that taak charge of the remains described above, held death resulted from. Natural causes , Accident , Suicid	CHIEF MEDICAL EXAMINER AND ASSISTANT MEDICAL EXAMINER	and in my apinian 22 DATE SIGNED
TO DEPUTY necessary, the funerol 5 may be TO FUNERAL Heolth or 1	-	EXAMINER'S NAME (Type) Rudiger Breitenecker	DEPUTY MEDICAL EXAMINER 4/24/6 Address (Street, city, town, or county)	
101 101 101 101 Hec		BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETRY OR CR. SMOVAL (Specify) 4/27/1966 Arlington N FUNERAL DIRECTOR ADDRESS	REMATORY 23d .O(ATION (Gity or Town) (G National Cemetery, Arlingto 25o. REC'D BY REGISTRAR 2 25b. REGISTRAR'S SIG	ounty) (Stote)
VR A15ME (5) 6M 1/66		rehart Funeral Home, IncLa Plata,	20.00	and the second s



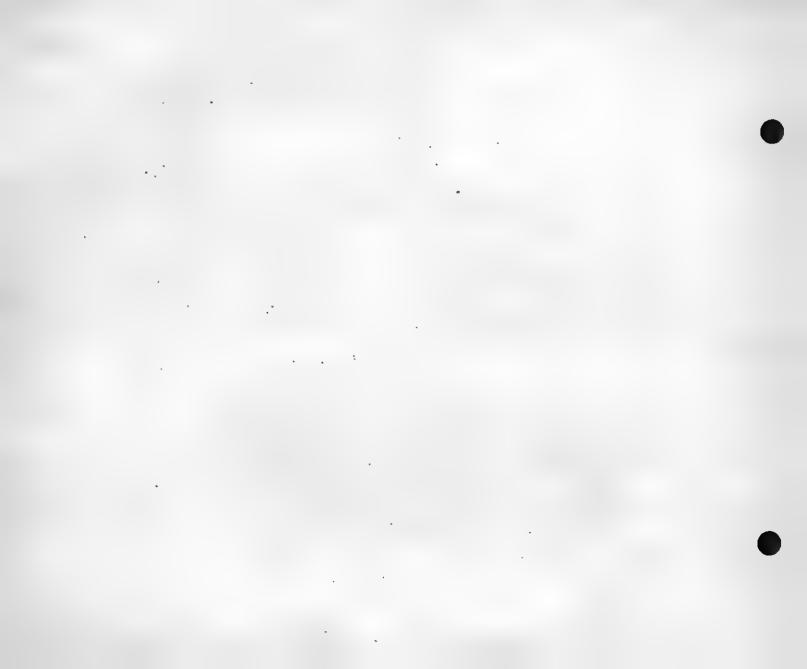
2 3/2 /2	MARYLAND STATE DEPARTMENT OF HEAD	
M (M	Division of STATISTICAL RESEARCH AND RECORDS, 301, W. PRESTON STREET, MEDICAL EXAMINER'S CERTIFICATE OF	BALTIMORE, MARYLAND 21201
FOR STATE	05225 MEDICAL EXAMINER'S CERTIFICATE OF	DEATH 05224
HEALTH DEPT.	1 PLACE OF DEATH 27 Film (1300) 9/7/66 mh. 2. USUAŁ RESIDENCE (Whel	re deceosed lived, if institution. Residence before admission)
loy 's 3 to Page ent of leath.	o. COUNTY MARYLAND MARYLAND MARYLAND MARYLAND	Charles
deloy's and 3 to M3 Page rtment of er death.	b CTY OR TOWN (It outside corporate Imits, CLENGTH OF STAY N Ib CCITY OR TOWN (If outside write RURAL and a ve negrest lown)	e corparate mits write RURAL and give nearest town)
P. Z.	LaPlata Md	· /
	Physicians Memorial LaPlata Md d STREET ADDRESS	e is residence On a farm? YES NO XX
24 hours ofter death If Jin Item 18 Give Poges 1, ris Office along with form 18 Youd 2 w. In the State Depring event within 72 hours of the state of	DECEASED Queton Henry	DATE OF 4723755 4 25, 19 66
rs offe 18 Gl e alon 2 w.m if w m	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH Male Negro widowed D vorced 8-1-1900	9 AGE (In years IFUNDER 1 YEAR FUNDER 24 HRS Months Days Hours Min
24 hours of n item 18 's Office alc	100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 B RTHPLACE (State or f charlotte	oreign country) 12 CT ZEN OF WHAT COUNTRY? USA
within 24 pencil in laxaminer's late pages late in ony	Tobias Quoton 14 Mother's Malden NAM Malissie F	F
executed with notation in permit file permit file moval, and	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 579-01-3196 ** Wife-Max.**	ther Address LissAeQuoton-Pomonkey
This certificate should be executed within 24 icote, writing the ward "pending" in pencil in be forworded to the Chief Medical Examiner's I be used as a buriol-transit permit file pages it to buriol, cremation, or removal, and in any	8 CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE (ALSE (a) COTONARY HEART: Disease-Oct ### DUE TO Conditions, if any, which gove) (b) Antonio Colorations (Colorations)	NTERVAL BETWEEN
ficote s ing the ded ta as o bi I, crem	rise to immediate couse (a), stoling the underlying couse (b) Aging Process (c) Aging Process	Indefinite
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MEDICAL EXAMINER: oleose execute the certi- director. Page 4 should etained for your files. DIRECTOR: Page 3 should s designoted ogent, pri	20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 20d INJURY OCCURRED While of work of today, street, office bldg., etc.)	20f (City or town) (County) (State)
NL EXECUTED FOR FOR POPER POPE		nspection \(\text{Inquiry} \(\text{Inquiry} \) and in my opinion
LEDICAL EX. Sose execute irector. Page ained for ye IRECTOR: Page designoted	death resulted from Natural causes , Accident , Suicide , Hamterde CHIEF MEDICAL EXA	
P ME pleo pleo pleo pleo pleo pleo pleo pleo	SIGNATORE ASS STANT MEDICAL EAR	AA - 175 CLOSES
TO DEPUTY MEDICAL EXAM necessary, please execute the time funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health or its designoted age	EXAMINER'S James E. Andrews, Indian Head Md Address (Street, on	(AMINER 1 4-25-66
TO D nece the 5 m TO FU	REMOVALISPENTY) 4-28-66 METROPOLITAN NICHT CHURCY	23d. LOCATION (City or Town) (County) (Stote)
VR A15ME (5)	24 FUNERAL DIRECTOR ADDRESS (LAS MINISTER) 250 REC'D BY	REGISTRAR 25b. REGISTRAR S SIGNATURE
6M 1/66	BARNESS MATTHEWS INC. 364-14 ST. N. U DATAPR	29 1966 yCharles Judge



100	Item 18a Film G376 5 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I. MARYLAND
IDR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15226 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15925
MEALIN DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before edm ssion)
or, Page r files. Health,	e. COUNTY Charles MARYLAND b. CITY OR TOWN (f outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
for your	LaPlata D.O.A. LaPlata d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS le. IS RESIDENCE ON A FARM?
any dela le funera stained s State I death.	Jarwood Clinic 3. Name of Dey First Modele Last OF Month Dey Yeer
d 3 to the ray be rawith the	(Type or print) ROBERT H. ROSIER Jr. DEATH April 20 19 66 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED N. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Days Hours Min.
1, 2, and 99 5 m	Male Negro WIDOWED DIVORCED April 20, 1965 1 yrs. 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11 BRTHPLACE (Siete or foreign country) 12. CITIZEN OF WHAT COUNTRY?
24 hour e Pages M3. Pa pages pages within	Infant 13. FATHER'S NAME La Plata Maryland U.S.A. 14. MOTHER'S MAIDEN NAME
ed within 2 am 18. Giv 7th form P ermit. File any event	Robert H. Rosier Sr. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Star Route #3, La Plata, No. None Mr. Robert H. Rosier-Father Md.
be execut bacil in lie e along v l-transit p	16. CAUSE OF DEATH [Enter only one cause per him for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMERIATE CAUSE (e) PROPERTY OF DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
certificate should I d "pending" in pt Examiner's Office de used as a burial ation, or removal	Conditions, if eny, which geve rise to immediate cause (a), stelling the underlying cause lest. (c)
Sie Cal	PERFORMED? YES NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of Islam 18.)
0 6 5	
KAMIN b, writ:r he Chie r Page or to bu	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (State) Hour e.m. 19 el work et work
. 3 2 O a	21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection . Inquiry . and in my opinion death resulted from. Natural causes . Accident . Suicide . Homicide . Undetermined manner
The DIRECT	CHIEF MEDICAL EXAMINER
3 1 2	ACTUAL SIGNATURE
DEPUTY ease exect should be FUNER!	EXAMINER'S NAME (Type) Charles S. Petty, M.D. Address (Street, city, lown, or county) 228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State)
0 240 9"	Burial 4/22/1966 Sacred Heart Cemetery La Plata, Maryland
VS. A15ME	23. FUNERAL DIRECTOR ADDRESS ADDRESS
5M 7/59	Arehart Funeral Home, IncLa Plata, MARR 26 1966 fclarles July



1 (AA)	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	05227 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05226
HEALTH DEPT.	1. PLACE OF DEATH. 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY / b. COUN
	MARYLAND (d)
e 5 may be Department after death.	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
may may partm er dea	Rusal La Plata, Md All tollo
afte 5	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 0. IS RESIDENCE ON A FARM? YES NO
Page Page State hours	3. NAME OF STATE MONTH Day Year
ny do	OFFICE (Type or print) A CHN TAVLOR DEATH 4 Z 4 19 6 C
### ##################################	5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) FUNDER 24 HRS. Age (In years IF UNDER 1 YEAR) FUNDER 24 HRS. Months Days Hours Min.
death. If Pages 1, ith form and 2 with	WIDOWED DIVORCED -5-05 yrs.
Give Page with	10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or life (State or foreign country) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
rs afte 18. Gi along ages /i n any	19. FATHER'S NAME 14. MOTHER'S MAIDEN RAME
5 T T B B E	Igores W. Taxlor Florence Brown
24 hou office Office File p	15. WAS DECEASED EVER IN U.S. ARMED FORDES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) I (If yes pive war or dates of service)
EI'S TE	- 12 Lula laylor St. Rt. 2. La Mota, Md.
withir pencil miner's permit	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY: THE CAUSE OF DEATH WAS CAUSED BY: ONSET AND DEATH
executed ding" in ical Exar	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)
should be executed within word "pending" in penci Chief Medical Examiner as a burial-transit permi	conditions, If any, which DUE TO to to to and before 4 from tigs to to 4-4
d be "pen Med buria	gave rise to immediate cause (a), stating the DUE TO
shoul word Chief as a as a urial, (underlying cause last. (c) Last Laugh pur lauctory the planting was distanced
cate should the word the Chief I used as a b	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (8) PERFORMED? YES 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (8) YES NO PERFORMED? YES NO PERFORMED.
# m = = = =	2Da. EXTERNAL CAUSE WAS 200 DESCRIBE HOW, INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.)
R: This certificate, writing forwarded to 3 should be agent, prior 1	PRIMARY SO OF CONTRIBUTING CAUSE WAS CAUSE OF DEATH. 200. EXTERNAL CAUSE WAS CAUSE OF CONTRIBUTING CAUSE OF DEATH. 200. EXTERNAL CAUSE WAS CAUSE OF DEATH. 200. The state of Injury in Part 1 or Part 11 of Item 18.)
R: This convard forward 3 should agent, p	20c. Time of injury Month, Day, Year 20d. Injury occurred long place of injury (Home, farm, Hour a.m. While Not While at work
ficate, oe forw	
ECAMII e certi hould b ites. DR: Pag signate	e1. I certify that I took charge of the remains described above held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from, Natural causes Accident Suicide, Homicide, Undetermined manner
~ ~ E ⊕	death resulted from Natural causes , Accident , Suicide , Homicide , Undetermined manner ,
the state of the s	ACTUAL M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
>- X ~ == - /	EXAMINER'S DEPUTY MEDICAL EXAMINER
DEPUTY please extended for retained for FUNERAL of Health	NAME (Type) // Address (Street, city, town, or county)
o DEPUT please director retaine of Heal	REMOVAL (Specify) 27 Par 1964 St Jases Collete Charles 174
- A	24. FUNERAL BIRECTOR? ADDRESS ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15ME (5) 5M 1/65	Alleson Francisco Marie APR 28 1986 y Charles Judge =
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PT.	U5228 MEDICAL EXAM		EKTIFICA	E OF	DEATH		19
r I.	1. PLACE OF DEATH A. COUNTY	2.	USUAL RESIDENC	(Where de	assed livad, If		ince be
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	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	F STAY IN 16	c. CITY OR TOWN (IF	outsida sorpo	rala limits, write	RURAL and give	naare
			Bryant	מזער			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street	eddress)	d. STREET ADDRESS	7 17 L			1 4.
1 4	Physicians Memorial Hosp.						YE
	3. NAME OF First Mid	dle	inst	. DATE	Month	Day	- '
.	DECEASED (Type or print)	m. m.		OF DEATH			
ŀ	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER M.	n Thom	1815 Le of Birth	19.	4/	6/66 IF UNDER 1 YEAR	DF (1
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١.		DRCED [] , LO/	,		87 yrs.		1
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			Marula	nd.			
	13. FATHER'S NAME	14.	MOTHER'S MAIDEN N	ME		-	
	John Henry Duckett	h	Jany M	:111.	+		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURI	TY NO. 17. INFO		MATE	Address		
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ic:	18. CAUSE OF DEATH (Enter only one sause per life for (a), (b), a	الم المالية	line I homy	SUN.	by ry an	town,	VId.
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05229 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. an. by the attending physican and completely filled in by the funeral transit permit—then please removeration papers—Pours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY Charles b. COUNTY Maryland MARYLAND b CTY OR TOWN (If outside carparate limits, write RUPAL and give nearest town) c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) E LENGTH OF STAY IN 16 La Plata IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS Physicians Memorial Hosp. NO T YES 🗆 Middle NAME OF 4 DATE Year Tolson DECEASED (Type or print) 19 66 Catherine April 17 event. DEATH Ada Otor or race IF UNDER 1 YEAR IF UNDER 24 HRS. B DATE OF BIRTH AGE (In years SEX 7 MARRIED NEVER MARRIED last birthday) Months Days Hours female negro WIDOWED DIVORCED Sept.24.1880 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUA, OCCUPATION (Give kind of work done 1) BIRTHPLACE (County & State, or foreign country) during most of working life, even if ret red)
Housework COUNTRY? INDUSTRY U.S St. Mary's County, Md
14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary L. Cole

16. SOCIAL SECURITY NO. 17 INFORMANT Baltimore, 17, Md.

579-44-5823 Lucille Tolson, 1359 N. Carey St. Samuel Neale TS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If we give wor or dates of service no INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cerebral thrombosis IMMEDIATE CAUSE (a). DUE TO Conditions, if ony, which gove hypertensive CVD 10 vrs rise to immediate cause (a), DUE TO tor use as the L Health prior to b stating the underlying couse hos been lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO J O FUNERAL DIRECTOR: After this certificate 20g ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 11 of item 1B.) Poge 4 may be retoined by the hospital OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or tawn) (County) (State) 20c TIME OF INJURY Month, Day, Year Haur a.m. factory, street, affice blda, etc.) Not While at work et work 21. I certify that (I) (this haspital) attended the deceased fram 12 Apr. , 19 66 , to 17 Apr , 166 , that (I) (we) last director, goge 3 should should be filed with the 1966, and that death accurred at 2:30 M, from causes and an the date stated above. saw the deceased alive an_ 17 Apr 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF M.D DIRECTOR PHYS. 1966 PHYS. 18 Apr 22d. ADDRESS Plata, Md. 22c. PHYSICIAN'S Frederick M# Johnson MD NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BJRIAL, CREMATION, (County) (Stote) Burial (Specify) Co, Md 4-20-66 St. Joseph's Morganza St. Mary's 250 RECD BY REGISTRAR DATE PR 2 2 19 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Archart Funeral Home, Inc., La Plata, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. and deal PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Charles b. COUNTY 24 hours after Maryland Charles MARYLAND CITY OR TOWN (If outside corporate ilmits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b ve carbon papers. Pag event, within 72 hours Plata La Plata La = filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? NO . YES within completely 3. NAME OF Middle Last DATE Month Day Year DECEASED 1966 DF 23 Watts JAMES AUGUSTUS (Type or print) DEATH 6. COLOR OR RACE AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. DATE OF BIRTH 6 ast birthday) 7. MARRIED Y NEVER MARRIED геточе Male Negro Nov. and WIDOWED DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) .= 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) physician ease Farming and La Plata death certificate 급 removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Watts Elizabeth Stewart 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 2813 Viadet 16. SOCIAL SECURITY NO. Avenue transit permit. (Yes, no, or unknown) (If yes give war or dates of service) Mrs. Mary C. Watts-Wife Baltimore, M 216-16-4438 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the -transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure hospital or attending physician. signed been signed the burial-trior to burial, c DUE TO Conditions, if any, which (b) gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate NO PE YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Pert I or Part II of Item 18.) r this cert detached MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. DIRECTOR: After age 3 should be dilled with the State Not While p.m. 19 at work et work retained 21. I certify that (I) (this hospital) attended the deceased from 1966, that (I) (we) last M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22b. DATE SIGNED 22a. SIGNATURE be be page 4-23-166 ATTENDING DIRECTOR M.D. may O HOSPITAL FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p Plata, Maryland NAME (Type) J/Edelen. M.D. La 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) 4/27/1966 Sacred Heart Cemetery La Plata , Md. PR 26 1966 ACTION OF SIGNATURE 24. FUNERAL DIRECTOR Funeral Home, Inc .- La Plata, Md. VR AI5 (4) 20M 1/65

MALES AND STREET all a partition of partition - 10700 64 Color bearing the Mary of Battle - 1212 An all the above the property of the contract animo sestino THE REPORT OF THE PARTY OF THE THE PERSON NAMED IN THE . no. essain Bia. co. james Jakramus atminis v

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY D. STATE b. COUNTY 2, anu pM3. Page Charles Charles partment of Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give neacest Town)

Marshall s Co: c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marshall's Corner e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS shauld be farwarded to the Chief Medical Examiner's Office along with farm haurs Give Poges 1, Rt. 225 YES X NO be executed within 24 haurs after death. 3. NAME OF Middle 4. DATE Month First Lost Doy Year DECEASED OF THOMAS EUGENE WOOD April 19 66 (Type or print) DEATH DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE NEVER MARRIED 7. MARRIED lost birthdoy) pencil in Item 18. Male Negro DIVORCED WIDOWED Jan. 13, 1966 12. CITIZEN OF WHAT 10p. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) COUNTRY? INDUSTRY INFANT Maryland IISA 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Dorothy Elizabeth Smoot Howard Eugene Wood and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no. orunknown) (If yes give wor or dotes of service) ar remaval, NONE Dorothy E. Wood, Marshalls Corner, Md. pending 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Interstitial Pneumonitis. This certificate should writing the ward burial, crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUF TO stating the underlying couse 0 WAS AUTOPS' PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) YES K NO please execute the certificate, 무 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) EXAMINER: CAUSE OF DEATH 20e. PLACE OF INJURY (Home, form, (City or town) 20d. INJURY OCCURRED (County) (State) 2Dc. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page ot work 21. I certify that I took charge of the remains, described above, held an Autapsy [X], Inspection . and in my opinian Inquiry [Accident | Suicide . Undetermined monner death resulted from: Noturol causes |x Homicide . CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER relle SIGNATURE TO DEPUTY 4/14/66 DEPUTY MEDICAL EXAMINER Health ar **EXAMINER'S** Charles S. Petty, M.D. Address (Street, city, town, or county) NAME (Type) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, Burial (Specify) Pomfret Charles Co., Md. 4-15-66 St.Joseph's 24. FUNERAL DIRECTOR VR A15ME (5) Archart Funeral Home, Inc., La Plata, Md.

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